



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:

Monta et al.

SERIAL NO.:

09/667,892

DATE:

09/22/00

TITLE:

HEADEND CHERYPICKER MULTIPLEXER WITH SWITCHED

FRONT END

EXAMINER:

Han, Clemence S.

ART UNIT:

2665

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

CHANGE OF ATTORNEY DOCKET NUMBER

Please change the Attorney Docket No. for this patent application from

TER-010 to **034704-024**

Please address all further communications regarding this application to:

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Respectfully submitted,

THELEN REID & PRIEST LLP

Dated: November 14, 2005

Khaled Shami Reg. No. 38,745

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE pond to a collection of information unless it displays a valid OMB control action.

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Attorney Docket Number

TRANSMITTAL **FORM**

(to be used for all correspondence after initial filing)

09/667,892 Application Number 9/22/00 Filing Date First Named Inventor Peter Albert Monta 2665 Art Unit Han, Clemence S **Examiner Name** 034704-024

Total Number of Pages in This Submission ENCLOSURES (check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC __ Petition Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Terminal Disclaimer Other Enclosure(s) X Extension of Time Request (please identify below): Credit Card Transmittal for \$60, Change of Request for Refund Attorney Docket Number, Postcard Express Abandonment Request CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm THELEN, REID, & PRIEST LLP Signature Printed Name Khaled Shami Reg. 38,745 Date CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Signature

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.1) and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Ruth O. Rodriquez

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Date

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| NOV 16 | Effective on 12/08/2004. Fees Alsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | | |
| , " | Fees parsuant to the Consolidated Applo | | Application Number | 09/667,892 | |
| TENT & I | FEE TRANS | SMITTAL | Filing Date | 09/22/00 | |
| | for FY | 2005 | First Named Inventor | Peter Albert Monta | |
| | Applicant claims small entity s | tatus. See 37 CFR 1.27 | Examiner Name | Han, Clemence S. | |
| | | | Art Unit | 2665 | |
| | TOTAL AMOUNT OF PAYMENT | (\$) 60 | Attorney Docket No. | 034704-024 | |

| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
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| Control Contro | | | | | | | | |
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| Deposit Account Deposit Account Number: 50-1698 Deposit Account Name: THELEN REID & PRIEST, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| — At the Sharfer | | | | | | | | |
| 23 0.13.50 100(0) 11.30 | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card | | | | | | | | |
| WARNING: Information on th information and authorization | is form may n on PTO-20 | become public. C 38. | redit card informati | on should not be in | cluded on this | form. Provide cre | edit card | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| | FILING | | SEARCH | FEES Small Entity | | ATION FEES Small Entity | | |
| Application Type | Fee (\$) | Small Entity Fee(\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fee(\$) | Fees Paid (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 . | | |
| 2. EXCESS CLAIM FEES Small Entity | | | | | | | | |
| Fee Description | | | • | | | <u>Fee (\$)</u> | Fee (\$) | |
| Each claim over 20 (including Reissues) 50 25 | | | | | | | | |
| Each independent claim over 50 (including Reissues) | | | | | | 100 180 | | |
| Multiple dependent claims Total Claims Extra Claims Fee(\$) Fee Paid (\$) Multiple Dependent | | | | | | | | |
| | -20 or HP= x = Fee (5) | | | | | | Fee Paid (\$) | |
| HP = highest number of | | | an 20. | | | | | |
| Indep. Claims | Extra (| | | Paid (\$) | | | | |
| - 3 or HP= | : | × | = | | | | | |
| HP = highest number of | independent | claims paid for, if g | reater than 3. | | | | | |
| 3. APPLICATION SIZE | FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| - 100 = /50 = (round up to a whole number) x = | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late filing surcharge): CODE 2251 extension for response within first month \$60.00 | | | | | | | | |
| | | | | | | | | |

| SUBMITTED BY | | | | <u> </u> |
|-------------------|--------------|---|-----------|--------------|
| Signature | HAZZ | Registration No. (Attorney/Agent) 38,745 | Telephone | 408-292-5800 |
| Name (Print/Type) | Khaled Shami | | Date) / | 4/05 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.